DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 10/12/13

PRINTED: 08/29/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445107	A. BUILDING _____ B. WING _____	08/28/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, FT SANDERS	2120 HIGHLAND AVE KNOXVILLE, TN 37916

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS During annual recertification and complaint investigation #31595, conducted from August 26, 2013, through August 28, 2013, at NHC Fort Sanders, no deficiencies were cited in relation to the complaint under CFR PART 484.13, Requirements for Long Term Care.	F 000		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted	F 441	F 441 1. Licensed Staff educated on proper Infection Control Techniques while performing Insulin Injections on affected Resident # 17 by the DON/ADON. One on one education with LPN named in deficiency, by the DON/ADON. 2. Observation of Insulin Injections on other resident's with no other resident's found to be affected by the DON/ADON. 3. In-Service completed on Infection Control Techniques, proper hand washing and proper gloving of hands prior to Insulin Injections by the DON/ADON and RN Supervisors. 4. Random rounds to monitor proper hand washing technique, gloving of hands and Infection Control Technique during Insulin Administrations by the DON/ADON and RN Supervisors. Continue annual "Silverchair" computer education training on Infection Control and monthly Infection Control meetings lead by the ADON, to identify trends as well as continued focus on proper Infection Control Techniques and Hand washing.	08/29/13 09/04/13 09/05/13 09/05/13 09/05/13 and On-Going

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Douglas S. Ford — TITLE: N.H.A. — (X6) DATE: 9/5/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 441	Continued From page 1 professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, facility policy review, and interview, the facility failed to ensure infection control was maintained for one resident (#17) of twenty-nine residents reviewed. The findings included: Observation on August 26, 2013, at 4:00 p.m., with Licensed Practical Nurse (LPN) #1 revealed LPN #1 obtained a fingerstick from resident # 17, returned to the medication cart, drew up the resident's insulin and obtained other medications for the resident, returned to the resident's room and administered the insulin without washing the hands or applying gloves. Review of the facility policy, Alcohol Based Handrub, revealed "...wash hands with appropriate soap and water if hands are visibly soiled or contaminated with blood or body fluids. Alcohol-Based Handrubs may be used for the following routine cleaning:...Before having direct contact with patients..." Review of the facility policy, Subcutaneous Injections, revealed "...The following equipment and supplies will be necessary when performing this procedure...Personal protective equipment	F 441	See Page 1 of 3	

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F 441	Continued From page 2 (...gloves...)..." Interview with Licensed Practical Nurse (LPN) #1, on the hall , at 4:05 p.m., confirmed LPN #1 did not wash the hands or apply gloves prior to administering the insulin. Interview on August 28, 2013, at 8:00 a.m., with the Director of Nursing (DON), in the DON's office, confirmed gloves are to be worn when administering an injection .	F 441	See Page 1 of 3	

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